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APPLICANTS Klaus Lidolt, Duderstadt, GERMANY; Matthias Schilling, Weissenborn-Luderode, GERMANY;					
** CONTINUING DATA <i>none</i> ***** <i>SA</i>					
** FOREIGN APPLICATIONS <i>yes</i> ***** <i>SA</i> GERMANY 103 11 187.5 03/12/2003					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/31/2004					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowances		STATE OR COUNTRY GERMANY	SHEETS DRAWING <i>(7)</i>	TOTAL CLAIMS <i>8 SA</i> <i>10</i>	INDEPENDENT CLAIMS <i>(1)</i>
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials					
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TITLE Orthopedic aid with a locking device					
FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		